

**EXHIBIT B
RATE SHEET
LICENSED STAFFED RESIDENTIAL CONTRACT
1749XS**

CONTRACTOR NAME		CONTRACT NUMBER		PROVIDER NUMBER	
HOUSE NAME					
TOTAL NUMBER OF CLIENTS (INCLUDE DCFS AND SSP)		REVISION NUMBER		DATE	
<p>The undersigned hereby affirm that the following are the agreed upon number of clients and reimbursement rates associated with the indicated contract and contract period.</p>					
CONTRACTOR SIGNATURE				DATE	
DSHS REGIONAL ADMINISTRATOR (OR DESIGNEE)				DATE	
CLIENT SERIAL NUMBER	REGION		RATE EFFECTIVE DATE	TOTAL DAILY RATE	